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MINISTRY OF HEALTH

Annual Report
OF THE
Medical Officer of Health
for the Year ended 31st December, 1961

PUBLIC HEALTH OFFICERS:

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Public Health Inspector:
D. H. TILL, D.S.C., M.R.S.H., M.A.P.H.I.

Clerk to Medical Officer:
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HEALTH VISITORS:

E. G. Major, S.R.N., S.C.M., H.V.
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Annual Report of the

MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.

Mr. Mayor and Councillors,

I beg to submit my report for 1961.

Once again it proved to be a healthy year for the town.

In Section D I have given details of the troubles experienced with the environmental health services. Difficulties with the water supply came to a head at Christmas time. Extension of the sewage works is an urgent matter. The need for another refuse tip caused the Committee considerable anxiety. However, I am pleased to say these problems were tackled by the Public Health Committee with energy and will, I am sure, be successfully overcome.

I wish to thank the Council and Public Health Committee for the courtesy they have shown me during the year and Mr. Till for his able assistance.

I am, Mr. Mayor and Councillors,

Your obedient Servant,

A. M. McCALL,

Medical Officer of Health.

SECTION A.

Statistics and Social Conditions of the Area.

Population.

A census was held in April of this year and the Registrar General was therefore able to compile an accurate total of the population, which was 5,920. This is the highest figure it has been according to records available in my office. The population density is 5.7 persons per acre.

Birth Rate.

The corrected Birth Rate for 1961 was 15.2, and is below the national figure for England and Wales of 17.4. There were four illegitimate births.

Death Rate.

The corrected Death Rate for the year was 10.9 per thousand of the population and compares favourably with the national figure of 12.

Coronary disease and other heart disease were responsible for twenty-three deaths and a further fourteen were due to vascular lesions of the nervous system and other circulatory diseases. There were eleven deaths due to cancer. These figures emphasize the fact that the greatest killers at the present time are undoubtedly heart diseases and other diseases of the circulatory system.

Once again there were seventeen deaths due to ill-defined causes and the ladies again proved more baffling to our doctors. Full details are shown in Appendix A, Table 3.

Maternal Mortality.

There were no maternal deaths in 1961.

Stillbirths.

There were two stillbirths registered during the year.

Infant Mortality.

Three infant deaths were recorded. All died within the first week of life.

Social Conditions.

The social services remained unchanged during 1961. Chard continues to progress and the general prosperity is reflected in higher living standards and a general air of well-being.

SECTION B.

General Provision of Health Services in the Area.

No new services were provided but the existing ones were well supported.

Care of Mothers and Young Children.

The antenatal and postnatal care of mothers and children continued at a high standard and attendances at the various clinics were satisfactory.

Antenatal Clinic.

The antenatal clinic continued to be held once a month and Dr. Elliott is in attendance at each clinic. At the clinic blood samples are taken and submitted to the laboratory for investigation. Reports on these are sent to the general practitioner concerned, the district midwife and to the mother herself.

Mothers are encouraged to attend the separate relaxation classes organised by the nurses. At these classes the mothers are taught the physiology and the mechanics of childbirth and the art of relaxation. They are then able to approach their labour secure in the knowledge that they have had a sound preparation for this important event.

Domiciliary Midwifery.

The district nurses attend all home confinements and are under the supervision of the appropriate private practitioner. Antenatal visits are made by doctors and nurses, sometimes together and often independently. In 1961 there was an increase in the number of visits paid by doctors to their patients during the antenatal period.

Hospital Confinement.

All cases needing admission to hospital for medical and/or social reasons were admitted to the maternity units at Taunton or Wellington.

Infant Welfare Clinic.

These clinics continued to be held twice a month and Dr. Elliott is present at each clinic. Attendance figures are shown in Appendix B, Table 1.

I pointed out last year that the character of the infant welfare clinic has changed considerably during recent years. Perhaps it would not be unprofitable to look at the changes that have occurred.

It is difficult to recall the infant of, say, forty years ago. A puny little thing, with an old man's face, a woollen cap that gave an elfin look, a musty smell about it, often tinctured with the reek of camphorated oil and layer upon layer of garments, perhaps as many as ten or twelve. Or the somewhat older child, flabby, with pink eczematous cheeks, irregular decaying teeth, large tonsils and adenoids and a snuffly nose. Those children seem to have disappeared like an evil dream. Today they are sturdy, well nourished, excellently clothed and with their happy mothers present a wonderful picture. In the unhappy world in which we live, the sight of such children is one of the few sources that there are for solid satisfaction.

The two great scourges of days gone by have virtually disappeared. In summer the grisly procession from cot to coffin went on through the terrible epidemics of summer diarrhoea. In winter it was not much better, for there was another procession of absolutely livid children dying of broncho-pneumonia.

At first the infant welfare clinic was a life-giving institution. As time has passed, the child has improved in health, in strength and in peace of mind. The mothers too have grown cleaner, happier, better looking and better educated. The health education given year after year in the clinics and elsewhere has borne fruit. Some of this change is also due to improved treatment, much more to greatly strengthened resistance.

Broncho-pneumonia is now but a shadow of its former self—it is occasionally seen in a mild form, more often the mother says the child has had it. Summer diarrhoea is almost a thing of the past.

Such cases as do occur show mild symptoms and readily respond to treatment and make a rapid recovery.

Diseases due to shortage of vitamins have gone with them. Scurvy has gone, rickets is seldom seen, then only a mild form in those whose mothers have neglected to give them their cod liver oil. Dental decay is the only illness which lags behind. During the recent war it almost disappeared due to sweet rationing. Now it is back again.

There remains largely unaltered the defects and deformities. The hare lip, the squint, the congenital heart, all continue to occur.

It is therefore not surprising that the character of the infant welfare clinic has changed. Today the primary reason for a child's attendance at the clinic is often for some preventive procedure such as vaccination or immunisation. However, this brings to the clinic a much wider selection of children than was formerly the case. There is often just as much need for health education among the higher social classes and opportunity is taken during visits to carry on the good work among this group of mothers who might never have come to the clinic in former days.

Health Visiting.

Our resident district nurses carry out the work of health visiting and have been very active in this field. Their frequent visits to people's homes have made them well known in the town and they have received a considerable amount of praise for their keen interest in this work.

The Tuberculosis health visiting continued to be the responsibility of Mrs. Pitt, who also attends the Chest Clinic at Chard Hospital when the physician holds his outpatient sessions. I am pleased to say that the total number of cases of tuberculosis is slowly declining in the town.

Home Nursing.

Our district nurses carried out this work throughout the year and I was impressed by their high standard of efficiency and the cheerful way in which they undertake this often arduous work.

Immunisation.

Immunisations continue to be given at the clinic, where triple vaccine, giving protection against diphtheria, whooping cough and tetanus was almost exclusively used. In addition, general practitioners also carried out this work in their own surgeries. The demand for immunisation against poliomyelitis declined but fourth doses were offered to schoolchildren in the 5-11 year age group. Details can be found in Appendix B, Table 3.

Vaccination.

Seventy-seven primary and one revaccinations were carried out in 1961. The total number of live births during the year was ninety-four, which shows that there has been a marked improvement in the acceptance rate for primary vaccination.

Home Help Service.

The Home Help Service is organised and administered by the County Council. It is an expanding service which does excellent work and is much appreciated in times of need. Chard is the responsibility of the Area Organiser in Taunton, who deals with all applications for help.

School Medical Service.

I visited the three County schools in the town during the year and carried out a full medical inspection. Details are shown in Appendix B, Table 2.

During these inspections I talk to the children, particularly those leaving. I am interested in their future employment. When asked what they are going to do I never get an "I don't know" answer from a grammar school leaver, but it is not infrequent in the secondary modern school. It is a most unfortunate situation for a child within a month or two of leaving school not to know what he or she will do and even not knowing what they want to do. The vast majority of secondary modern girls seem to aspire to nothing more than one of three things, a factory, a shop or hairdressing. Occasionally a girl wants to nurse or join the Police Force but these are exceptions. Boys show a little more imagination, but not much. I think that from the age of thirteen secondary modern school children should be interested in possible future employment. Nothing can be more frustrating than to be in a job in which one is not interested and which leads nowhere. This discontent is often manifested in delinquency.

Another topic I often discuss with leavers is smoking. Having read so much about children at the age of eleven being confirmed smokers I am naturally interested to find out how many of our children are smoking regularly by the time they leave school. My impression is that in rural areas anyway, not a large number of children smoke regularly and quite a high percentage don't smoke at all. On questioning the smoker it often emerges that the parents smoke and even if they don't give the child cigarettes they are readily available. Children whose parents don't smoke are frequently the non-smokers. Parents don't seem to realise the importance of example. It is practically useless for a father to lecture his child on the evils of smoking and chain smoke himself. There is a world of difference between the father who gives his son a shilling to go to a football match and the one who takes the boy to the match. Parents can't expect their children to be interested in the classics or go to museums if they themselves never do either. I would therefore appeal to parents who are heavy cigarette smokers to change their smoking habits. Their example is vital if we are to stop the depressing increase in lung cancer continuing on into another generation.

Speech Therapy.

Mrs. Baker (nee Kenyon) continued to hold a weekly clinic on Fridays and children made 236 attendances at 42 sessions in 1961. She is now seeing the children at a slightly younger age than formerly.

School Dental Service.

Mrs. Walker continued as part-time dental surgeon at the Chard Clinic and in addition inspects the schools in rotation. It will be seen from the Appendix that she was able to visit the two larger schools in 1961—the Secondary Modern School in April and the Junior School in November.

Deprived Children.

Mrs. French continued as house mother at the home in Auckland Way. I see the children living there when I carry out the school medical inspections and I am impressed with their cheerfulness and general air of well-being.

Orthopaedic Service.

The orthopaedic clinic was held regularly once per month and all cases were seen by the orthopaedic sister, Miss Read. At regular intervals they are referred back to the orthopaedic surgeon, who assesses progress and future treatment.

Ophthalmic Service.

I carry out routine eye testing in the schools during the annual medical inspection. This includes simple refraction and inspection of glasses and checking to see that the County Oculist's instructions are being carried out. Children are referred to opticians or the County Oculist, as necessary.

Epileptics.

The term epilepsy has come to include a group of conditions in which there exists a persistent liability to periodic seizures. It may be possible to find the cause or there may be no demonstrable organic brain lesion. It has been estimated that 70% of cases occur before the age of twenty and 85% before the age of twenty-five. It is therefore a disease which manifests itself in the young. From the point of view of prevention of serious disability, early and accurate diagnosis is very important.

Among schoolchildren this distressing illness calls for special consideration and careful handling. In most cases the general practitioner will be the first person to whom the child is taken. Practically all cases benefit from specialist opinion. Modern therapeutic treatment is now so successful as to allow children to continue to attend the ordinary school. These are the lines on which we base the handling of epileptic children in our schools. I, as school medical officer, receive a copy of all specialist reports. I see the children at each inspection and I report on their suitability for employment when they are ready to leave. They are encouraged to live as normal a life as possible consistent with their disability.

Spastics.

Drugs are of little value except in controlling fits but in the absence of gross mental deficiency much may often be accomplished by assiduous training. The services offered in the area follow these lines. In infancy physiotherapy to prevent contractures and later active movements are encouraged. Surgical intervention is used in those cases when the child's intelligence will enable him to benefit from such treatment. The educational side is not forgotten. If possible the child attends the ordinary school; in other cases home tuition or attendance at a special school is arranged.

Blind Persons.

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are eighteen registered blind persons and one partially sighted person resident in the area. Prior to admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

Ambulance Service.

This service, provided by the County Council, gave Chard satisfactory service throughout the year. Calls for help are directed to the ambulance centre, which is in radio communication with all its vehicles and this undoubtedly cuts down delay.

The St. John's Ambulance Brigade is no longer part of the health service but the Chard and District Ambulance gave very useful help at sporting events and other events during 1961. These included motorcycle scrambles, point-to-point races, gymkanas, shows, etc. They attended fifteen such events and this involved some 350 miles of driving during which seven accident cases were conveyed to hospital. This may not appear to be a large amount of work but the mere fact of the presence of trained personnel and an ambulance at these events must give the organisers considerable peace of mind and all are grateful to Superintendent Brooks for his organisation and help.

Mental Health Services.

These services are administered by the County Council through the Mental Health Sub-Committee. This is an expanding department of the County Council and is assuming more importance each year.

National Assistance Act.

Generally it is possible to persuade persons in need of care and attention to go voluntarily into hospital or Part III accommodation but on one occasion during the year it was necessary for me to take statutory action to remove one old lady to hospital. Despite making considerable improvement while there she discharged herself back home in due course. The situation began to deteriorate once again but unfortunately she died before accepting further hospital treatment.

Care of the Aged.

The problem of the ageing population is increasing each year. In 1250 the expectation of life was 35 years. Three hundred years later it was down to 30 years. In 1750 it was back to 35, by 1900 it had increased to 44 years. In 1940 it was 59, now it is 71. In twenty-two years the expectation of life has increased by 12 years. There are about five and a half million persons aged 65 years or more, a ninth of the population of England and Wales.

It is generally agreed that most old people want to, and should be encouraged to retain their independence for as long as possible but this means some will be forced to make increasing demands for assistance. General practitioners have to bear a continual responsibility with increasingly high consultation rate. Local authorities find a similarly higher demand for their domiciliary services.

The general practitioner readily deals with common problems of age, the failing sight and hearing, the defective teeth. However, the main problem is increasing infirmity. Here the local health authority can and does give a great deal of help. The care of old people to be successful, must be regarded as a co-operative exercise with the general practitioner as the leading member of a team.

All the normal services are available in Chard for the ageing population. The Government are now encouraging local authorities to support voluntary organisations which are doing work in this field. All efforts are designed to keep the elderly independent in their own homes as long as possible. The provision of special housing with which we have been active is of considerable help in these efforts.

Disabled Persons.

The club for the disabled run by the Welfare Section of the Red Cross Society continued its excellent work.

Health Education.

The Council continued to support the Central Council for Health Education and made use of their posters and leaflets and also those supplied by the Ministry of Health. I and the district nurses continued to speak to various organisations on subjects concerning the health and welfare of our residents.

SECTION C.

Prevention and Control over Infectious and Other Diseases.

Appendix C, Table 1, shows in detail the diseases notified during 1961—fifteen in all. Either people suffering from notifiable diseases do not always call their doctors or else doctors do not always notify the cases occurring in their practice.

The immunisation campaign against diphtheria continued but fewer applied for poliomyelitis vaccination. However, an opportunity was taken to give a fourth injection to nearly 500 children.

The vaccination programme against tuberculosis was carried out in the senior schools in February and received fair support. The success of this effort will become increasingly obvious in the next few years.

SECTION D.

Environmental Health Services.

A. Sanitary Circumstances.

Climatic Conditions.

The total rainfall for 1961 was 36.62 inches, over twenty inches less than the previous year. The average over the last ten years is forty-one inches.

Water Supply.

Although the quality of the water supply was quite satisfactory throughout the year, there was considerable difficulty in maintaining an adequate supply at all times. The early summer drought brought about abnormally low levels in both wells, but particularly in Well B, with resultant inadequate pressure in the higher parts of the low-pressure system. A three-inch link main was laid between our system and the Chard R.D.C.'s main at Hornsbury Hill, from the Borough boundary on the Furnham Road. This enabled us to improve our pressure. A crisis occurred just before Christmas when an electricity power failure on 20th December put the main pumps out of action and it was not discovered until 7 o'clock next morning. In the meantime the reservoir level had fallen to under two feet. This was followed late on Christmas Eve by a burst on the five-inch delivery main and necessitated the turning off of almost all the high pressure system to avoid the reservoir being completely emptied. Work had to continue throughout Christmas Day and as a result the supply was available by 7 p.m. Various emergency measures were taken so as to minimise the inconvenience to the public and Mr. Till and his staff are to be congratulated on doing a great deal of excellent work. They were ably assisted by other members of the Council's staff who rallied to his aid.

Consistently low well levels since August, 1961, has meant that a greater reliance has been placed upon the output of the bore and in order to safeguard the supply it is essential that the output of the bore be increased and made available to Well B in addition to Well A, as at present. Also more water has to be purchased from the Chard Rural District Council.

Details of the supply will be found in Appendix D, Table 1.

Elsewhere in this report I have referred to dental caries. In my report for 1953 I referred to the possible prevention of this disease if the existing fluoride content of the water were brought up to an optimum figure. Since then field studies have been carried out in England and the results are now known. These confirm the experience of other countries, notably America and New Zealand. The figures show that the use of adequately fluoridated water has decreased the amount of dental decay in young children to a very gratifying extent. The Standing Dental Advisory Committee for England and Wales have expressed satisfaction with the way the trials were conducted and agree with the findings. They advise action to promote the general adoption of fluoridation of all public water supplies where the existing fluoride content is deficient. Let us hope that Government will soon take steps to implement this advice.

Sewage Disposal.

In September the Borough Surveyor reported to the Council that the effluent from the works was no longer satisfactory. Considerable work had been carried out in attempting to detect infiltration into the system, which was one of the major causes of trouble, but this was proving difficult as is always the case where there is an old sewerage system in use. The existing works, which were constructed in 1948/49, were designed to deal with a population of 5,000. The Council at that time wished to construct a works capable of dealing with 7,500 but the Ministry of Health decided to scale down the work despite a protest from our Consulting Engineers. At the time of their construction the works were designed to deal with a dry weather flow of 250,000 gallons per day. At the present time it is never less than twice this figure. The filter distributors have been giving rise to trouble and despite the fact they have been repaired and are now working reasonably satisfactorily, they are far from reliable. It was quite obvious to the Council as a result of the Surveyor's report, that an extension to the works is urgently necessary and our Consulting Engineers were approached and reported on the situation in December. Their preliminary recommendation was that the existing works be extended at an approximate cost of £55,000, that the matter was most urgent and should not be delayed.

Public Cleansing and Refuse Collection.

Weekly refuse collection continued to be carried out by direct labour, one side-loading vehicle being used. Business premises are given additional collections for which a charge is made. After many vicissitudes the Council at last obtained planning consent for a new refuse tip at Crimchard, which it is hoped will be in operation in the Spring of 1962.

Rodent Destruction.

One part-time rodent operator is employed and he carried out a good deal of routine work and dealt with a number of requests from private properties. No serious infestations were reported.

Appendix D, Table 5, gives full details of his work.

There seems to be a small core of infestation in certain parts of the town's sewerage system which the bi-annual treatments seem to be containing rather than eradicating, despite satisfactory baiting. It is possible that because some of the sewers are very old and defective, rats have ready access to them.

Swimming Bath.

There is one swimming bath in the town at Chard School. It is hand chlorinated. The Council were presented with a paddling pool for toddlers in the Old Town Recreation Ground. This also receives hand treatment.

Smoke Abatement.

This is not a serious problem in a town of this size and type. The public are encouraged to fit grates which do not emit smoke. Industrial premises are kept under careful observation but no trouble arose from this source during the year.

Radiation.

During the year there have been several enquiries on various aspects of Radiation and its general effect on our environment. Most of these queries are sensible and rightly addressed to this department. Quite apart from the spate of questions which always follow weapon testing, there are an increasing number of problems attendant on the use of radioactive substances and these are the subject of speculation by our residents. People should be interested in the effects of the use of radioactive substances, they are going to be with us from now on, and they and their uses are going to affect our everyday lives. This is not a matter for alarm and despondency; we must learn to live with them.

Exposure to ionising radiations and radioactive substances may be incidental or occupational. I suggest we group them roughly:

(i) Personal public exposure
    (a) Miscellaneous
        e.g. T.V. tubes
        luminous watches
        shoe fitting fluorscopes
        high altitude flying
        nuclear test bomb fall-out
    (b) Special
        e.g. medical diagnostic radiology
        Radiotherapy
    (c) Occupational
        e.g. nuclear power and weapon activities
        use of isotopes in industry, agriculture, medicine
        industrial testing (thickness gauges, leak testing)
        mining of radioactive ores
(ii) General public exposure
        Environmental hazard to plants and animals
        to life cycles
    These may arise from
        Nuclear test explosions
        radioactive waste disposal
        nuclear reactor accidents
        processing of irradiated nuclear fuel elements

In this long list of hazards some such as those of T.V. tubes and high altitude flying are so small that under present conditions they can be ignored. Others are greater but are being increasingly well controlled. These include shoe fitting fluorscopes and many occupational hazards such as industrial testing with X-rays and isotopes. Some hazards suspected not to be negligible have not yet been assessed due to present lack of fundamental knowledge. Those include the environmental risks and research workers are actively working on these problems.

In areas like our own where little use is as yet made of radioactive substances in industry one problem which could present a hazard difficult to forecast is accident during transport of radioactive substances. As more electricity is generated by fission power, there will be an increase in the transport of highly radioactive spent fuel elements to specified centres for processing. Presumably railways will be mainly used. Regulations have been drawn up to cover the transport of radioactive substances by rail, road, post, sea and air.

It can be seen that the dangers are by no means of theoretical interest but are of increasingly practical importance. The disposal of radioactive waste is the greatest, the processing of irradiated fuel elements being of prime importance.

Since the end of the War the International Commission on Radiological Protection has been working continuously on the fundamental scientific basis of the problems. New information is coming forward all the time necessitating frequent revision of the standards which the I.C.R.P. has from time to time introduced.

There has been criticism of the time which urgent legislation is taking to appear. This is understandable. There are three main reasons for the delay. First, as already stated, the I.C.R.P. is continually having to revise its standards in the light of new information and this leads to re-drafting of regulations. Secondly, the complex nature of the legislation itself. Thirdly, the number of persons qualified to do the work is severely limited. However, there are, or will be, in the next year or so, six Acts on the Statute Book dealing with nuclear energy and related matters, including radiation protection.

As a local authority we are not concerned with occupational, but with incidental and environmental radiation hazards. This is the point at which we are least well protected by experience, a situation which suggests that there can be no such thing as too much vigilance. The essence of sound radiation hygiene is to be wise before the event because the effects of radiation are irreversible.

In the Radioactive Substances Act, 1960, the Government has established a Centralized Control in radiation protection. The reasons for this are many. The main ones are a need for unified standards, economy in equipment, expenditure and trained manpower. The present scarcity of adequately trained specialists in radiation protection would make it impossible to operate an efficient control over radioactive hazard on a decentralized basis. Local authorities will be consulted and used under the 1960 Act but they cannot, under that framework, act as an independent assessor of radiation risk. Under the Act local authorities will receive detailed information concerning local radiation activities and modes of radioactive waste disposal. In order to use this information public health inspectors will need to be trained in the basic essentials of radioactivity and radiation hazard so that they are able to assess the potential nuisance or injury likely to arise from a given source. Given the appropriate training there is no reason why a local authority faced with a potential radiation hazard should not equip itself for the simpler sorts of radiation detection, but certain sorts of measurement are, and will remain, beyond the competence of the average local authority. Such matters as the precise determination of very small quantities of radioactivity, or its exact measurement in a living person involve complex techniques and much skill. They quite rightly will be the concern of the Radiological Protection Service.

And now a word about the levels of radioactivity in the area in 1961 following the resumption of nuclear weapon testing.

The Government policy of monitoring fall-out from nuclear weapon tests involves the annual collection of several thousand samples of milk, green vegetables, water, and other components of the diet. Special attention is paid to areas of high rainfall where deposition of fall-out tends to be the greatest. The monitoring is undertaken by the Agricultural Research Council and the levels for 1960 have been published. The results showed that the levels of

Strontium 90 in milk in the area which included Somerset were amongst the lowest in the country, being 5.39 micro-microcuries of Strontium 90 per gram of calcium, compared with the national average of 6.40 micro-microcuries of Strontium 90 per gram of calcium.

These levels are far below those which would give rise to levels in bone approaching those considered by the Medical Research Council as requiring immediate consideration.

Measurements for Strontium and caesium in drinking water have been made since 1957. The sources tested are representative of the three major types of supply; underground, river and reservoir and have been selected with a view to covering different parts of the country and as large a proportion of the population as possible. The latest report of these measurements was issued in June. The average person is estimated to derive from drinking water only about 5% of the total Strontium 90 he ingests and the Medical Research Council have stated that there appeared to be little need to give detailed consideration to this source of ingested Strontium 90. Measurements are continuing.

A check has been kept on the levels of iodine 131 in milk throughout the United Kingdom since weapon trials were resumed. The Medical Research Council have stated that the acceptable radiation dose would not be exceeded for infants under one year of age, the most susceptible group of the population, unless the average concentration of iodine 131 in milk rose above 130 micro-microcuries per litre over a period of one year, or higher concentrations were maintained for correspondingly shorter times. The latest results published showed that even in the regions where the highest levels have been observed, the level quoted above would not be reached unless the levels then present were maintained for a further six or seven months or were substantially increased.

It is not expected that iodine 131 in public water supplies will present a cause for anxiety and the preliminary measurements which have been made under a supplementary monitoring programme so far support this view.

B. Factories Act.

The Public Health Inspector carried out eleven inspections during the year and details are shown in Appendix D, Table 2.

C. Housing.

Appendix D, Table 3, gives details of the housing situation. This is a very comprehensive table which gives much interesting information.

It will be seen that there were 250 persons on the Council house application list at the end of the year, of which 170 were considered urgent bona fide cases. There are a further 80 applicants for old people's dwellings. The provisional programme for 1962 is for a total of 46 units, 24 of these being for old people and 22 to replace houses demolished under Slum Clearance procedure. It is therefore obvious that we have a very long way to go to meet the current demand.

Public Health Nuisances.

During the year 119 complaints were received and attended to. This involved serving two statutory notices and twenty-six informal notices. The complaints covered a very wide range and involved the Public Health Inspector in some 2,033 visits.

D. Inspection and Supervision of Food.

Milk.

There are three registered distributors and two dairy premises within the Borough. Fifty-six samples were taken by the County Sampling Officer, six of which proved to be unsatisfactory.

Ice Cream.

There are now twenty-one premises registered for the sale of ice cream which is manufactured elsewhere. There is one manufacturer-retailer. Thirty-two samples were taken and all but seven were in Grade 1, the remainder in Grade 2. Both these grades are regarded as satisfactory.

Meat.

There is now only one licensed private slaughterhouse in the town but it carries on a very extensive trade as reference to Appendix D, Table 4, will show.

I reported on the difficulties attendant on obtaining 100% meat inspection last year and there has been no change in the situation. The negotiations between our Council and the Ilminster Urban District Council with the object of appointing a joint food inspector were not brought to a successful conclusion. Our Council decided not to continue for financial reasons.

Meat inspection is a very heavy burden on our Public Health Inspector and when I look at his annual return of inspections carried out, I am amazed that he still manages to give 100% inspection of all animals killed at the slaughterhouse and, in addition, find time for an increasing volume of work in connection with other Council services.

Food Premises in General.

Apart from 490 odd visits made to the slaughterhouse during the year, 42 visits were made to various food premises. Informal action only was necessary in two cases and I am pleased to say on both occasions they were complied with.

There are twenty-nine premises registered under Section 16 of the Food and Drugs Act, 1955, twenty-two being ice cream premises already mentioned and seven sell meat products.

APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1961	5,920
Number of inhabited houses at the end of 1961 according to the Rate Book	1,980
Rateable Value	£78,083
Sum represented by a penny rate	£320
Area	1,030 acres

APPENDIX A—TABLE 2

BIRTH RATE: 15.2.

Comparability Factor 0.96

		M	F
Live Births:	Total	50	44
	Legitimate	48	42
	Illegitimate	2	2
Still Births:	Total	2	—
	Legitimate	2	—
	Illegitimate	—	—
Deaths of Infants under 1 year:	Total	2	1
	Legitimate	2	1
	Illegitimate	—	—
Deaths of Infants under 4 weeks:	Total	2	1
	Legitimate	2	1
	Illegitimate	—	—
Deaths of Infants under 1 week:	Total	2	1
	Legitimate	2	1
	Illegitimate	—	—

APPENDIX A—TABLE 3

DEATH RATE: 10.9. Comparability Factor 0.80

Causes of Death:	M	F	Total
Heart:			
Coronary Disease	4	2	6
Other heart disease	7	9	16
Circulation:			
Vascular lesions of nervous system	8	4	12
Other circulatory diseases	2	—	2
Cancer of:			
Stomach	—	—	—
Lung	1	1	2
Uterus	—	2	2
Breast	—	2	2
Other Sites	2	3	5
Lungs:			
Tuberculosis	—	—	—
Influenza	1	—	1
Pneumonia	—	2	2
Bronchitis	3	2	5
Other Respiratory Diseases	—	—	—
Leukaemia	—	—	—
Infective and Parasitic diseases	—	—	—
Diabetes	—	3	3
Gastritis	—	—	—
Duodenal Ulcer	—	—	—
Nephritis	—	—	—
Hyperplasia of prostrate	2	—	2
Congenital malformations	2	—	2
Other ill-defined diseases	7	10	17
Motor vehicle accidents	—	—	—
All other accidents	1	—	1
Suicide	1	—	1
	41	40	81

APPENDIX B—TABLE 1

CHARD CHILD WELFARE CLINIC

Statistics for the twelve months ended 31st December, 1961.

1. No. of sessions	24
2. No. of children who attended in 1961	
(a) Born in 1961	62
(b) Born in 1960	65
(c) Born in 1956—59	58
3 No. of attendances during the year by children who at date of attendance were	
(a) Under 1	633
(b) 1—2 years	204
(c) 2—5 years	164

APPENDIX B—TABLE 2.

Name of School	No. on Roll	No. Inspected	Date of Inspection	Children having Milk	Children having Dinner	Diphtheria Immunisation	Date of last Dental Inspection
Chard Infants'	174	104	30/31. 1.61	97.70%	63.22%	76	15.2.60
Chard Junior	314	124	23/24/25. 11.60	81.21%	50.41%		20.11.61
Chard Sec. Modern	497	197	7/8/9. 6.61	60.36%	54.73%		24.4.61

APPENDIX B—TABLE 3

Diphtheria and Whooping Cough Immunisation.

	Children born in the years:—							
	1961	1960	1959	1958	1957	1952–56	1947–51	Total
Primary course	33	44	10	7	4	1	—	99
Reinforcing injections (Diphtheria only)	—	—	—	—	—	69	1	70

Poliomyelitis Vaccination

	Children born 1943-61	Young Persons born 1933-42	Persons under 40 years of age	Persons over 40 years in Priority groups
Primary course	146	25	128	17

No. of persons (all groups) who received a third (re-inforcing) injection 304
No. of children in 5-11 age group who received a fourth re-inforcing injection ... 477

Smallpox Vaccination.

	Under 1 yr.	1 yr.	2-4	5-14	15 or over	Total
Primary	63	8	2	3	1	77
Re-vaccination ...	—	—	—	1	—	1

APPENDIX C—TABLE 1

Infectious and Other Notifiable Diseases.

Measles	10
Pneumonia	3
Pulmonary Tuberculosis	2

Analysis of Cases Notified.

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	Age unknown
Measles	1		2		1	1	4				1		
Pneumonia						1				1		1	

Tuberculosis

Age Group	New Cases Respiratory M	New Cases Respiratory F	New Cases Non-respiratory M	New Cases Non-respiratory F	Deaths Respiratory M	Deaths Respiratory F	Deaths Non-respiratory M	Deaths Non-respiratory F
-1 ...								
1-5 ...		1						
5-15 ..								
15-25 ...								
25-35 ..								
35-45 ...								
45-55 ..								
55-65 ..								
65+ ..	1							
Age Unknown								
Total	1	1	—	—	—	—	—	—

APPENDIX D—TABLE 1

Water Supplies

Piped Supplies—results of samples taken for analysis:

Raw Water Bacteriological Satisfactory	Raw Water Bacteriological Unsatisfactory	Raw Water Chemical Satisfactory	Raw Water Chemical Unsatisfactory	Treated after going into supply Bacteriological Satisfactory	Treated after going into supply Bacteriological Unsatisfactory	Treated after going into supply Chemical Satisfactory	Treated after going into supply Chemical Unsatisfactory
3	—	3	—	28	—	—	—

Water Supplies from Public Mains:

	Direct to the Houses Public	Direct to the Houses Water Companies	Direct to the Houses Private	By means of Standpipes Public	By means of Standpipes Water Companies	By means of Standpipes Private
No. of Dwellings	1960	—	—	14	—	—
Population	5882	—	—	38	—	—

APPENDIX D—TABLE 2.

Factories Acts, 1937 — 1959.

	No. on Register	No. of Inspections	No. of Written Notices	No. of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 enforced by Local Authority	1	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	52	10	1	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises) . .	—	—	—	—
Total	53	11	1	—

Cases in which defects were found 1

Cases in which defects found were remedied 1

Outworkers.

No. of outworkers in August List required by Section 110 20

APPENDIX D—TABLE 3

Housing.

Action taken during year.

1.	No. of houses included in Clearance Areas for which Orders are still to be made	3
2.	No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	Nil
3.	No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	9
4.	No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits)	7
	(b) for other purposes (road improvements, etc.)	Nil
5.	No. of temporary dwellings (huts, etc.) demolished	Nil
6.	No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	Nil
7.	No. of houses made fit during year	30
8.	No. of unfit houses occupied under licence	1
9.	**Rent Act, 1957 (1st Schedule)**	
	Certificates of Disrepair:	
	(a) No. of applications received	Nil
	(b) No. of Certificates issued	Nil

	Houses erected during the year		Houses in course of erection		**Gained** from conversion of large houses or buildings into flats or dwellings	**Lost** from conversion of two or more houses to one
	For Slum Clearance	For Other Purposes	For Slum Clearance	For Other Purposes		
Local Authority	11	47	12	11	6	—
Private Enterprise	—	25	—	27	1	—

Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1961.		Housing Programme for 1962.	
By Local Authority	By Private Enterprise	For Slum Clearance	For Other Purposes
512	137	22	24 (Old Persons)

(a) No. of temporary housing units occupied—(i) Prefabs	Nil
(ii) Huts, etc.	Nil
(b) No. of houses found overcrowded	1

Houses required:—

(i)	To replace houses scheduled for demolition	38
(ii)	To abate overcrowding	1
(iii)	For other purposes	150
(iv)	(a) Total No. of applications for Council Houses at the end of year	280
	(b) If applications classified give No. of urgent bona fide cases	170
	Others	110
(v)	Total No. of Council Houses sold during the year	Nil

	No. of permanent dwellings in District as at 31.12.60 (a)	Gained from conversions and erected during 1961 (b)	Total a + b	Less houses demolished, closed, etc., during year	No. of permanent dwellings in District as at 31.12.61	
					L.A.	P.E.
L.A.	596	64	660	—	660	1320
P.E.	1306	26	1332	12		
Totals	1902	90	1992	12	1980	

Old People's Dwellings.

No. erected to 31.12.61 With County Council Aid	 Without County Council Aid	No. in course of erection With County Council Aid	 Without County Council Aid	No. of Applicants for Old People's Dwellings
6 (Flatlets from conversion of Greenfield House)	—	15	—	80

Improvement Grants.

A. **Discretionary.**

No. of applications and houses dealt with by Local Authority during year:

Received		Approved	
Applications	No. of Dwellings	Applications	No. of Dwellings
2	2	2	2

No. of applications approved in respect of owner/occupiers during year	2
Average cost per dwelling approved during year	£137
Amount of grant payable by Local Authority	£274

B. **Standard.**

1. Number of applications	(a) Received	17
	(b) Approved	17
2. Number of houses where Standard Amenities have been provided		17

APPENDIX D—TABLE 4

Meat Inspection

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	642	3519	139	4609	5001	—
Number inspected	642	3519	139	4609	5001	—
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned	1	*13	+7	†14	‡3	—
Carcases of which some part or organ was condemned	156	2196	1	34	122	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	24.3	62.8	5.7	1.04	2.5	—
Tuberculosis only						
Whole carcases condemned	—	3	—	—	—	—
Carcases of which some part or organ was condemned	2	50	—	—	90	—
Percentage of the number inspected affected with tuberculosis	0.3	1.5	—	—	1.8	—
Cysticercosis						
Carcases of which some part or organ was condemned	13	36	—	—	—	—
Carcases submitted to treatment by refrigeration	13	36	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—
Weight of meat condemned (in lbs.) for:—						
(a) Tuberculosis	—	974	—	—	—	—
(b) Cysticercosis	520	1440	—	—	—	—
(c) Other	174	6119	310	596	431	—
Total (in lbs.) condemned	694	8533	310	596	431	—

* Septicaemia 7, Oedema 4, Moribund 2 and Acute Pleurisy and Peritonitis 1.

+ Pyaemia 3, Immaturity 2, and Septicaemia 2.

† Moribund 10, Septicaemia 2, Emaciation 1 and Severe Bruising 1.

‡ Acute Swine Erysipelas 1, Emaciation 1, and Acute Pleurisy 1.

APPENDIX D—TABLE 5

Prevention of Damage by Pests Act, 1949.

	Type of Property.				
	Non-Agricultural				Agricultural
	(1) Local Authority	(2) Dwelling Houses (inc. Council houses)	(3) All other (inc. Business premises)	(4) Total of Cols. (1), (2) & (3)	
1. No. of properties in Local Authority's District	6	1980	309	2295	11
2. No. of properties inspected as a result of:					
(a) Notification	1	67	2	70	—
(b) Survey under the Act	6	517	97	620	5
(c) Otherwise (e.g. when visited primarily for some other purpose) ...	3	238	53	294	4
3. Total inspections carried out — including re-inspections	182	1283	175	1640	14
4. No. of properties inspected which were found to be infested by:					
(a) rats	5	171	8	184	1
(b) mice	1	5	1	7	—
5. No. of infested properties treated by local authority	6	176	9	191	1
6. Total treatments carried out — including re-treatments	44	190	9	243	1
7. No. of notices served under Section 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing) ...	—	—	—	—	—
8. No. of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
9. Legal Proceedings	—	—	—	—	—
10. No. of "Block" control schemes carried out ...	2	—	—	—	—